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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

FILING DATE SERIAL NO. APPLICANT(S)

(FOR USE WITH FORM PTO-875) CLAIMS AS FILED 1st AMENDMENT 2nd AMENDMENT IND. DEP. IND. IND. DEP. IND. DEP. DEP. 51 52 2 53 3 54 4 55 5 6 56 57 7 58 8 59 9 60 10 61 11 62 12 63 13 64 15

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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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